



EXPRESS SCRIPTS®

EXHIBIT 7
DATE 1/26/2011
HB 83

January 14, 2010

2010008868 - 1650 CSA7RX
Dr. Gary Mihelish
907 Helena Ave
Helena, MT 59601

ADDICTIVE SUBSTANCE PROGRAM

Please Review the Enclosed Patient Profiles

Dear Dr. Mihelish:

Express Scripts, which administers the Addictive Substance program on behalf of health plans and plan sponsors, identifies patients who may be receiving either multiple addictive substance prescriptions or large quantities of addictive substances on a daily basis.

Your Patients Affected

Attached are the medication profiles of patients that met both Parts 1 and 2 of the following criteria over a sixty day timeframe:

Part 1: Patient received (either) seven or more addictive substance prescriptions (or) a large daily dose of an addictive substance.*

AND

Part 2: Patient received addictive substance prescriptions from (either) two or more providers (or) three or more pharmacies.

Patients were excluded from this program if they also received medications typically used to manage either cancer or HIV.

While this information is not intended to replace your clinical judgment, we hope you find it helpful in planning the best course of therapy for your patients. If you have any questions or comments, please call the Express Scripts Physician Response Line at 877.837.5921. If you prefer, you can fax us at 800.315.3528.

Sincerely,

Stuart R. Lancer, M.D.

Stuart R. Lancer, M.D.
Medical Director
Express Scripts, Inc.

* The Addictive Substance Program targets opiates, opiate combinations, tramadol, carisoprodol and carisoprodol combinations.

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Patient Medication Profile For Physician: Dr Gary Mihelish

FOR QUESTIONS REGARDING PRESCRIPTIONS FILLED UNDER YOUR NAME, PLEASE CONTACT THE DISPENSING PHARMACY AT THE PHONE NUMBER PROVIDED.

Pharmacy claims data may not be representative of all active prescriptions. Examples of prescriptions not included in the patient profile include medications that may implicate privacy issues (such as HIV medications), samples, and products not covered under the pharmacy benefit.

| Date of Fill | Drug/Strength | Qty | RX# | Prescriber | Pharmacy # | Pharmacy Name | Pharmacy Phone |
|--------------|-------------------------------|-----|-----------|------------|------------|---------------|----------------|
| 01/04/2010 | TRAMADOL-APAP 37.5-325 MG TAB | 60 | Doctor #4 | | | | |
| 12/22/2009 | OXYCONTIN 40 MG TABLET | 56 | Doctor #2 | | | | |
| 12/08/2009 | HYDROCODONE-APAP 5-500 TABLET | 20 | Doctor #3 | | | | |
| 12/08/2009 | OXYCONTIN 20 MG TABLET | 56 | Doctor #2 | | | | |
| 12/02/2009 | TRAMADOL-APAP 37.5-325 MG TAB | 240 | Doctor #1 | | | | |
| 11/24/2009 | OXYCONTIN 40 MG TABLET | 56 | Doctor #2 | | | | |
| 11/05/2009 | TRAMADOL-APAP 37.5-325 MG TAB | 240 | Doctor #1 | | | | |

In a 2 month period:

Doctor #1 - 480 TRAMADOL
 Doctor #2 - 168 OXYCOTIN
 Doctor #3 - 20 HYDROCODONE
 Doctor #4 - 60 TRAMADOL

728 tablets of prescription opioids in 2 months

364 tablets of prescription opioids in 1 month

91 tablets of prescription opioids per week

13 tablets of prescription opioids per day

2 tablets every four hours for two months

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CLASS 6: CLASS HANDOUT # 6A: BENZODIAZEPINES AND COGNITIVE-BEHAVIORAL THERAPIES FOR ANXIETY

Benzodiazepines are no longer recommended as first-line monotherapy for anxiety disorders, as long-term use may result in drug dependence and withdrawal difficulties. These medications are now limited to short-term symptom relief, or lower dose use to induce sleep, and/or relieve chronic anxiety co-occurring with schizophrenia and bipolar disorder. They are also given to calm down cases of acute mania.

Because anxiety disorders also respond to a “mind-over-matter” treatment approach, individuals are encouraged to seek cognitive-behavior therapy and training to overcome their fears.

In Panic Disorder, the individual is asked to tolerate a graded exposure to the specific situations which trigger a panic attack, and encouraged to practice certain physical/cognitive responses to gain control during the attack itself.

Behavior training for OCD involves asking individuals to 1) face the things they fear, and 2) stop the compulsive rituals they have devised to reduce their anxiety. This technique (called “exposure” and “ritual prevention”) is effective in 60 - 70% of OCD sufferers. Families are encouraged to join in treatment with relatives with OCD, so that each step of changing compulsive patterns is agreed upon, and each person’s role in resisting the compulsive behavior is clearly understood.